

HEADQUARTER ASSESSMENT & POLICY CARE TIPS
CARE Help Desk 1-800-818-4024

Tips: (2/2/06)

The comment box on the Indicators/Hospital screen does not print onto the Assessment Details form. If you want to ensure that the provider has information about your client's allergies, you may identify Allergies on the Diagnosis screen (generic search) and use that comment box to add more specific information.

ADS Addendum/Reminder: Select food allergies as a limitation on the Meal Preparation Screen and use the comment box to add any specifics for the provider and client.

Diagnosis

17 Allergies

Diagnosis Details

Diagnosis:

Allergies

Comments

Nuts and penicillin

Meal Preparation

Limitations

Food allergies

Comments/Caregiver Instructions

Allergic to all products with nuts

Tips: (11/8/05)

The following was added to the Individual Management definition on the Bladder/Bowel screen in September 2005:

"Uses, no leakage, needs assist": Individual uses supplies or appliances and is dry and clean with such, requires assistance with the supplies or appliances. *Select only when client used supplies, had assistance with the supplies, but had no incontinence episodes in the last 14 days.

Assessor's Manual (Pages 128-9)

Tips: (5/6/05)

1. You don't need to create an assessment to change providers.

The Care Plan section never locks.

To reassign the same tasks to a new provider, use the Swap (S) button on the Support screen.

2. An observation by SSPS:

Workers are extending residential/in home services authorizations, but forgetting to extend the ancillary services and/or nurse delegation. Some of these secondary authorizations have not yet been pulled into CARE, adding to the confusion.

Tips: (4/8/05)

When performing Interim assessments, select "Other" on the Assessment Main screen for Place of Assessment.

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(Always use an Interim assessment in the office. Always use a Significant Change assessment when assessing at the client's place of residence, even if there has been no reported change in condition.)

Shopping for residential clients should not be coded "Met" if informal supports are purchasing items for a client. Select "Partially Met" because the facility is also purchasing items that benefit the client (food, etc.).

Tips from State ETR Committee: (4/1/05)

Support screen: Requests for Exceptions to Rule (ETR) will not be considered without a proposed schedule for each provider.

Skin screen: If your client has a continuous, consistent program for changing position & realigning the body, select Turning/Repositioning program on the Skin screen.

*** Clarification from Terry Rupp: " It doesn't matter who is doing the turning or repositioning, only that there is a regular program because the client is immobile."
Note: Be sure to use "Need Met" if the client is performing their own program or if being provided informally and identify the person meeting the need in the comment section.

Treatment screen: In general, please check the definitions. In order for Walking, Transfer, Bed Mobility, etc. to be selected, there must be: measurable objectives and interventions included in a therapist's care plan, caregivers must be trained in techniques that promote client involvement, programs must be periodically reevaluated by a nurse and time spent on each program must be at least 15 minutes a day.

Coding reminders: (3/27/05)

1. Self-performance for Walk in Room is coded as Extensive when the caregiver bears some of the client's weight while walking (at least 3 times in the 7 days prior to the assessment). A code of Total for Walk in Room implies that the caregiver bears all of the client's weight as well as moves the client's limbs.

2. On the Medication screen, use the medication search whenever possible. Type the first 3 letters of the medication and select Search; if the medication cannot be found it may be entered manually. If the medication database is not used, we lose valuable information about the links between our clients' medications, diagnoses, hospitalizations, falls, etc. Another advantage is that all of the medications will be spelled correctly.

Policy and Procedure: Terminating (2/23/05)

Make sure you enter the date of death before inactivating a client who has died. If the case is inactivated without this date, it will need to be reactivated so the date can be

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entered then inactivated again. The case can be terminated 90 days after the date it was last inactivated.

Policy and Procedure: MMSE (2/17/05)

The MMSE must be administered to each client at every face-to-face assessment unless the client is under 18, has moderate to profound retardation, has severe delirium/dementia, or is non-verbal. Use the Other Factors screen to document client characteristics that may affect the score.

(Minimum Standards, LTC Manual, page 29)

NOTE: It is important to establish a baseline for each client so that changes in the client's cognition can be noted from assessment to assessment.

Policy Reminders: (2/1/05)

1. Policy and Procedure (COPES Participation):

"Clients may have authorized personal care hours that are less than their participation for COPES." In other words, clients remain eligible for COPES even if their participation exceeds the cost of the service. Reminder: Open participation on the first line of the 14-154/159 and the service cost on the second line.

Re clients who refuse to pay their participation: "Non-payment of participation does not make clients ineligible for the program. If clients refuse to pay their participation, notify the financial worker as this may affect resource eligibility for the program." (Chapter 7, page 57)

2. Code Self Performance as *Supervision if the highest level of assistance received 3 times in the last 7 days is **not hands-on**. When the client has received hands-on assistance 3 or more times in the last 7 days, Self Performance will be Limited, Extensive, or Total.

* Supervision - Oversight (monitoring, standby), encouragement, or cueing provided 3 or more times during last seven days - OR - Supervision (3 or more times) plus physical assistance provided only 1 or 2 times during last seven days. (Assessor's Manual, Page 101)

Policy Reminders: (1/3/05)

1. Decision Making/ Policy and Procedure (Assessor's Manual, page 90):

If the client "rarely or never" made decisions, despite being provided with opportunities and appropriate cues, this item would be coded as "No/few decisions". If the client attempts to make decisions, although poorly, code "Poor decisions*".

***NOTE:** These decisions may be as insignificant as a having a preference about what to wear, whether to watch TV, or what to eat.

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2. Coding Self Performance and Support Provided/ Policy and Procedure (Assessor's Manual):

When coding Self Performance and Support Provided, you **look back**:

Self-performance measures what the individual actually did (not what he or she might be capable of doing) within each ADL category over the last seven days according to a performance-based scale.

When coding **Status (of informal support)**, you **look ahead**:

Status (of informal support): To document the anticipated or expected degree of unmet need. Assessing status means you need to look at how the client's need is going to be met looking forward, rather than looking at what has actually happened in the past.

3. Interim Assessment/Policy reminder from Long Term Care Manual:

Perform an Interim Assessment (without a face-to-face interview with the client) when making changes to assessments that do not involve a change in the client's cognition, ADLs, mood and behaviors, or medical condition.

4. Self Directed Care Tasks Policy and Procedure (Minimum Standards):

Self-directed care tasks will be documented on the screen in which the task is addressed. This will typically be done on the Treatment or Medication Management screens; include the name of the prescribing health care provider as well as a description of the task being self-directed in the applicable comment box(es). Identify SDC provider and schedule on the Support screen.

ETR Notifications: November 29, 2004

"The ETR committee will now notify case managers of all decisions through the (11/29/04) Service Episode Records, which will be available the day the decision is made (within 7 days of submission). The results will no longer be communicated by fax or e-mail."

Policy and Procedure (Assessor's Manual): (11/29/04)

"When coding Self Performance and Support Provided, you look back:

Self-performance measures what the individual actually did (not what he or she might be capable of doing) within each ADL category over the last seven days according to a performance-based scale."

Assessor's Manual: (11/14/04)

"For Eating, if a client fed himself independently but required assistance with cutting meat, code Self Performance as Independent and Support Provided as Set up:

For each ADL category, code the appropriate response for the individual's actual performance during the past seven days. In your evaluations, you will also need to consider the type of assistance known as "set-up help" (e.g., comb, brush, toothbrush, toothpaste have been laid out at the bathroom sink by the caregiver). Set-up help is recorded under ADL Support Provided not in ADL self-performance. But in evaluating

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the individual's ADL Self-Performance, include set-up help within the context (Independent) For example: If an individual grooms independently once grooming items are set up for him, code (Independent) in Personal Hygiene. (Page 101)"

Record the type and highest level of support the individual received in each ADL activity over the last seven days. ADL Support Provided measures the highest level of support provided by caregivers over the last seven days, even if that level of support only occurred once. This is a different scale, and is entirely separate from the ADL Self-Performance assessment.

(Page 103)

Examples of Setup Help:

Eating - cutting meat and opening containers at meals; giving one food category at a time, bringing food to client (if client cannot eat unless food is brought to her/him).

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Policy and Procedure: (11/07/04)

For each current behavior or past behavior addressed with current interventions, describe the interventions necessary to address the client's behavior in the comment box.

Chapter 3, Minimum Standards

NOTE: Requests for Exceptions to Rule will not be considered without behavior interventions or provider schedules.

*** Note: ETR Provider Schedules need to be based on the proposed ETR hours. If your ETR is not approved at the level requested, you will need to update the support screen.**

* This clarification was added to the policy based on a follow up question to Terry Rupp and her response back.

Policy and Procedure: (11/04/04)

After you have moved the assessment to current status, you may authorize the services outlined in the approved plan. (This means the SSPS begin date for services may not precede date assessment is moved to current.) All authorizations must be made through CARE once the client has been assessed in CARE.

(LTC Manual Chapter 3)